

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 107.38910
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		2				
5	1					
6		1				
7		2				
8	1					
9		1				
10		2				
11		①				
12		②				
13	1					
14		1				
15		1				
16	1					
17		1				
18		1				
19		2				
20		①				
21	1					
22		1				
23		1				
24	1					
25		1				
26		2				
27		2				
28		2				
29		①				
30		②				
31	1					
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	8					
TOTAL DEP.	31					
TOTAL CLAIMS	39					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						